Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by **Friday, March 29, 2013** by e-mail to <u>laurie.schoder@state.co.us</u> or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes are highlighted in <u>yellow</u>.

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

- 2 Health Facilities Regulation Division
- 3 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
- 4 CHAPTER IV GENERAL HOSPITALS
- 5 6 CCR 1011-1 Chap 04
- 6 [Editor's Notes follow the text of the rules at the end of this CCR Document.]
- 7 Copies of these regulations may be obtained at cost by contacting:
- 8 Division Director
- 9 Colorado Department of Public Health and Environment
- 10 Health Facilities Division
- 11 4300 Cherry Creek Drive South
- 12 Denver, Colorado 80222-1530
- 13 Main switchboard: (303) 692-2800
- 14 These chapters of regulation incorporate by reference (as indicated within) material originally published
- 15 elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced
- 16 material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of
- 17 Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be
- 18 available for public inspection during regular business hours at:
- 19 Division Director
- 20 Colorado Department of Public Health and Environment
- 21 Health Facilities Division
- 22 4300 Cherry Creek Drive South
- 23 Denver, Colorado 80222-1530
- 24 Main switchboard: (303) 692-2800
- 25 Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any
- 26 material that has been incorporated by reference after July 1, 1994 may be examined in any state
- 27 publications depository library. Copies of the incorporated materials have been sent to the state
- 28 publications depository and distribution center, and are available for interlibrary loan.

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2	Part 2.	DEFINITIONS
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5 6 7 8 9 10	(18) "F	Plan review" means the review by the Department, or its designee, of new construction or remodeling plans to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter IV. Plan review consists of the examination of new construction or remodeling plans and onsite inspections, where warranted. In reference to the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.
11 12 13 14 15	(19 <u>18</u>)	"Public cord blood bank" means a public cord blood bank that has obtained all applicable federal and state licenses, certifications and registrations and is accredited as a public cord blood bank by an accrediting entity recognized or otherwise approved by the Secretary of Health and Human Services under the Public Health Service Act, as such Act may be amended. (42 U.S.C. Section 274k)
16 17 18	(20 19)	"Recreational therapy" is the use of treatment, education and recreation to help psychiatric patients develop and use leisure in ways that enhance their health, functional abilities, independence and quality of life.
19 20 21	(21 <u>20</u>)	"Relative Analgesia" means a state of sedation and partial block of pain perception produced in a patient by the inhalation of concentrations of nitrous oxide insufficient to produce loss of consciousness; i.e., conscious sedation.
22 23 24	(22 <u>21</u>)	"Respiratory care" means that service which is organized to provide facilities, equipment, and personnel who are qualified by training, experience and ability to treat conditions caused by deficiencies or abnormalities associated with respiration.
25 26 27	(23 <u>22</u>)	"Surgical recovery room" means designated room(s) designed, equipped, staffed, and operated to provide close, individual surveillance of patients recovering from acute affects of anesthesia, surgery, and diagnostic procedures.
28 29	(24 <u>23</u>)	"Utensil" means any implement used in the storage, preparation, transportation, or service of food.
30 31 32 33 34 35	(25 <u>24</u>)	"Voluntary cord blood donor" means a pregnant woman who has delivered or will deliver a newborn baby and/or such other individual(s) as may be identified by the hospital as required to consent to the voluntary donation of neonatal blood remaining in the placenta and/or the umbilical cord after separation from the newborn baby and who has provided timely informed written consent in accordance with standards established by the hospital pursuant to the provisions of Section 20.152 (1)(d).
36	Part 3.	DEPARTMENT OVERSIGHT
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38 39 40 41	(6) <u>Ot</u>	ther Regulatory Functions. If a facility requests an onsite inspection for a regulatory oversight function other than those listed in Sections 3.101 (1) through (3) and Section 4.101 Plan Review, the Department may conduct such onsite inspection upon notification to the facility of the fee in advance and payment thereof. The fee shall be calculated solely on the basis of the cost of

1 2	conducting such survey. A detailed justification of the basis of the fee shall be provided to the facility upon request.
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4	Part 4. RESERVED FIRE SAFETY AND PHYSICAL PLANT STANDARDS
5	4.101 PLAN REVIEW AND PLAN REVIEW FEES.
6 7	Both plan review and plan review fees are required as listed below in sections (A) and (B). Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.
8	4.101A. Plan Review Procedure
9 10 11	Due to the expansive and complex nature of many hospital projects, the items delineated below shall be applied in conjunction with 6 CCR, 1011-1, Chapter II, Part 1 Submission of Construction Plans/Documents and Completion of the Plan Review Process.
12	(1) Package Assessment
13 14 15 16	(a) Upon receipt of a request for plan review, the Department shall assess the package to determine if it is complete; the construction documents are in the correct format; if the plan review is required; and if the appropriate plan review fee is included.
17 18 19 20 21	(b) If the plan review packet meets the criteria in subsection (1)(a), the Department shall within fourteen (14) calendar days of determining the submittal package is complete, provide the primary contact for the project (as indicated in the project submittal) a written or electronic communication good faith estimate of when it will issue the written preliminary review findings.
22	(2) Preliminary Review
23 24 25 26	(a) Upon receipt of the Department's written preliminary review findings, the hospital may agree with them and revise its construction documents to include the Department's review findings, or challenge the preliminary findings as provided for in paragraph (5)(a) of this section 4.101A.
27 28	(b) The issuance of written preliminary review findings triggers the 24 month period for completion of the project.
29	(3) Deferred Submittals and/or Change Orders
30 31	(a) The hospital shall submit deferred submittals or change orders related to Life Safety Code or adopted Department standards to the Department for review.
32 33 34 35 36	(b) Within fourteen (14) calendar days of receipt of a complete change order package as defined by the Department, the Department shall provide the facility a written good faith estimate of when it will issue written comments/approvals regarding such change order. If the Department requires an extension, it shall notify the facility within seven (7) calendar days.
37 38 39	(c) If the Department determines that any further design consideration is needed for code compliance, it shall provide the primary contact for the project with written findings to that effect. The hospital shall have thirty (30) calendar days from the

1 2	date of such findings to submit all required documentation to the Department regarding the corrections.
3	(4) Final Inspection
4 5 6 7	(a) Prior to requesting a final inspection, the hospital shall provide the Department with local building, zoning and fire department approvals; the certificate of occupancy reflecting the proposed use; and a statement (in the format prescribed by the Department) that the hospital is ready for a final life safety code inspection.
8 9 10 11 12 13	(i) The Department may accept a temporary certificate of occupancy and schedule a final inspection upon receipt of a statement from the issuing entity that outlines the conditions preventing issuance of a final certificate of occupancy, and a determination by the Department that the final certificate of occupancy has been delayed for reasons that do not impact life safety or other regulatory issues.
14 15 16	(b) The Department shall conduct the final review/inspection of the completed project within thirty (30) calendar days of receiving all the required documentation specified in subsection (4)(a).
17	(5) Dispute Resolution
18 19 20 21 22 23 24 25 26 27 28	(a) Within 30 days of issuance of written findings from the Department regarding plan review, a project's primary contact may challenge the Department's written findings. Such challenge shall consist of a written request for a meeting (to be conducted in person, telephonically or electronically) with the assigned inspector and Life Safety Code Manager or designee to discuss the findings and attempt to reach an agreement. Such request shall outline the issue being challenged, the facility's position on the issue, and the code basis for its position. Such meeting shall occur within a reasonable timeframe. If, after meeting with the assigned inspector, the hospital continues to object to the plan review findings and an agreement has not been achieved, it may pursue the options in paragraph (i) and/or paragraph (ii) as set forth below.
29 30 31 32 33 34	(I) Request review by the Plan Review Technical Advisory Panel (PRTAP) for consideration regarding interpretation of the applicable regulatory requirements. This review shall be scheduled no later than 14 calendar days following submission of such request unless a quorum cannot be convened, in which case the meeting shall be convened at the earliest practicable time.
35 36 37 38	(A) The panel shall consist of no more than seven members, four of whom shall be qualified by experience and/or education regarding Life Safety Code or other building requirements and not be employed by the Department.
39 40 41 42 43	(B) Members shall be appointed by the Division Director who shall consider the recommendations of professional organizations such as the American Institute of Architects (AIA), the Colorado Association of Healthcare Engineers and Directors (CAHED) or other relevant professional organizations;

1 2 3			gnated/appointed alternative who may ted member has a conflict ofinterest in t I.	<mark>he</mark>
4 5			l be no less than three members, of not be Department employees.	
6 7 8		(E) The panel shall determine to rendering of recommendesignee.	the process and procedures for the adations to the Division Director or	
9 10 11		(F) The Division Director or dec recommendations of th ten (10) calendar days.	e panel and issue an agency action with	<mark>ain</mark>
12	(ii) Subr	nit a waiver request consistent	with 6 CCR 1011-1, Chapter II, Part 4.	
13 14		e Department's action shall be received. Section 24-4-101, et sec	made pursuant to the State Administrati գ., C.R.S.	<mark>ve</mark>
15	4.101B. PLAN REVIEW FEES			
16 17 18 19	(1) <u>Initial licensure</u> Applicable to applications for an initial license, when such initial license is not a change of ownership. This includes new facility construction and existing structures The requirement for plan review and the fee applies to initial license applications submitted on or after January 1, 2008. Fee: See table below.			
	Square Footage	Cost per square foot	Explanatory Note	
	0-35,000 sq ft	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.	
	35,001–200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.	
	200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq	
20				
21	(2) Additions and Reloc	rations		
22 23 24 25 26 27	the licen relocatio plant, ex plan rev	se to an existing occupancy, the ons of a currently licensed facilit is cept as exempted in Section 4. It is worth the fee applies to consider and the fee applies to consider.	ected or unlicensed square footage unce addition of an off-campus location, and in whole or in part to another physical 101(2)(b), below. The requirement for truction for which the application for the naving jurisdiction is dated on or after	id

the license to an existing occupancy, the addition of an off-campus location, and relocations of a currently licensed facility in whole or in part to another physical plant, except as exempted in Section 4.101(2)(b), below. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. However, facilities for which the application for the building permit from the local authority having jurisdiction is dated prior to January 1, 2008 may request a partial plan review. The partial plan review is subject to a ten

(10) to twenty-five (25) percent reduction of the fee, as determined by the

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Department, dependent on the phase of facility construction; except that the fee shall not be below the minimum fee established by this subsection. <u>Fee</u>: See table below. Minimum fee: \$2,000.

Square Footage	Cost per square foot	Explanatory Note
0-35,000	<mark>\$0.37</mark>	This is the cost for the
		first 35,000 sq ft of any
		plan submitted.
35,001-200,000	\$0.03	This cost is applicable to
		the additional square
		footage over 35,000 and
		up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to
		the additional square
		footage over 200,000 sq
		

(b) An off-campus location in operation prior to January 1, 2011 is not subject to the plan review required under Section 4.101 (2) (a), if it is added:

(i) to the license of a hospital licensed prior to January 1, 2011;

(ii) through the renewal licensure application process; and

(iii) at the first licensure renewal that occurs on or after April 1, 2011.

(3) Remodeling - General and Phased

(a) Remodeling - General. Applicable to relocation, removal or installation of walls resulting in 50% or more of a smoke compartment being reconfigured. The cost per square footage listed in the table below is to be assessed for the entire smoke compartment(s) being reconfigured. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008.

Fee: See table below. Minimum fee: \$2,000.

Square Footage	Cost per square foot	Explanatory note
0-35,000	\$0.25	This is cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq

1	(b) Remodeling - Phased. Applicable to projects whereby one area is remodeled and
2	occupied by personnel vacated from another area within the licensed facility and
3	such vacated space is subsequently remodeled. In addition to the general
4 5	remodeling fee established in subsection (3)(a), the facility shall also submit a fee
	of \$2,500 per separate area being remodeled and occupied; with the exception of critical access hospitals, for which the fee shall be \$750 per separate area. Prior
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7	to being occupied, the remodeled area is subject to inspection for compliance
8	with the LSC requirements in effect at the time of the construction plan submittal.
9	In order to be considered a phased project all aspects of the entire project (all
10	phases) must be submitted at the inception of the project. Phases submitted at a
11 12	later date will be considered separate projects and will be subject to the plan review requirements and fees applicable at that later date.
13	(4) Remodeling - Egress Components. Applicable to the relocation, removal, or addition of any
14	egress component, including but not limited to corridors, stairwells, exit enclosures, or
15	points of refuge. (Widening of an egress component is not relocation.) The requirement
16	for plan review and the fee applies to construction for which the application for the
17	building permit from the local authority having jurisdiction is dated on or after January 1,
18	2008. Fee: \$2,000. However, if these renovations are part of the smoke compartment
19	reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 1.101
20	(4) shall not apply.
21	(5) Remodeling - Specific Systems. Applicable to significant modifications to the following
22	systems: fire sprinkler, fire alarm, medical gas, kitchen exhaust/suppression system, and
23	essential electrical system. The requirement for plan review and the fee applies to
24	significant modifications where construction is initiated on or after July 1, 2008. For the
25	purposes of this Section 4.101 (5), construction of significant modifications is deemed
26	initiated when there is an alteration associated with the remodeling to an existing
27	structure that results in a physical change. Fee: \$2,000 for up to four smoke
28	compartments, plus \$500 for each additional compartment. However, if these renovations
29	are part of the smoke compartment reconfiguration subject to the fee listed in Section
30	4.101 (3), the fee in this Section 4.101 (5) shall not apply. Significant modifications
31	<mark>include:</mark>
32	(a) Fire sprinkler: 100 or more sprinklers. Notwithstanding the other provisions in this
33	Section 2.203 (5), the extension of a sprinkler system involving the installation of
34	25 to 99 sprinkler heads for an area previously unsprinklered is subject to a
35	partial plan review consisting of the review of the remodeling plans and a fee of
36	\$500.
37	(b) Fire alarm: any modification to the fire alarm system that involves the replacement of
38	the main fire alarm control unit (panel).
50	the main hie diann control unit (panel).
39	(c) Medical gas: modifications that affect 50% or more of a smoke compartment.
4.0	
40	(d) Kitchen exhaust/suppression system: replacement of the suppression or hood
41	exhaust/duct system.
12	(e) Essential electrical system: replacement or addition of a generator or transfer switch.
1 3	4.102 COMPLIANCE WITH THE LIFE SAFETY CODE
14	(1) Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety
1 5	Code (2000). This section incorporates by reference the NFPA 101, Life Safety Code (2000).

2	Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.
3	(a) Facilities licensed on or before September 30, 2003 shall meet Chapter 19, Existing Health Care Occupancies, NFPA 101 (2000).
5 6 7 8 9	(b) Facilities licensed on or after October 1, 2003 or portions of facilities that undergo remodeling on or after October 1, 2003 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000).
11 12 13	(c) An off-campus location in operation prior to January 1, 2011 may meet either the existing or the new occupancy Life Safety Code requirements, if it is added to the hospital license at the first renewal licensure that occurs on or after April 1, 2011.
14 15 16	(d) Notwithstanding 6 CCR 1011-1, Chapter II, Part 2.3.5(A), an off-campus location that contains an anesthetizing location shall have an intact, two-hour fire rated separation wall, floor or ceiling assembly under the following circumstances:
17 18 19 20	(I) For each applicant seeking an initial license on or after January 1, 2011, except for a health care entity that has submitted building plans to the Department and obtained a building permit prior to January 1, 2011, from the local authority having jurisdiction.
21 22 23	(ii) For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011, for relocations in whole or in part to another physical structure.
24 25 26 27 28	(iii) For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011, to add previously un-inspected or unlicensed square footage to an existing license. For the purposes of compliance with this section, the two-hour fire rated separation shall be around either the entire perimeter of the added square footage or the entire perimeter of the facility.
29 30	(iv) For each licensee that creates a new anesthetizing location on or after January 1, 2011, within an existing off-campus location.
31	4.103 COMPLIANCE WITH AIA GUIDELINES
32 33 34 35 36 37 38 39 40 41	(1) The DEPARTMENT SHALL RELY ON publication THE Guidelines for Design and Construction for Health Care Facilities, (2006 2010 Edition), American Institute of Architects (AIA) may be used by the Department in resolving building, PHYSCIAL PLANT health and safety issues for construction initiated or systems installed on or after March 2, 2010 JULY 1, 2013. The AIA guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material. THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), AMERICAN INSTITUTE OF ARCHITECTS (AIA) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.

Part 5. FACILITY OPERATIONS

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1 5.102 PROGRAMMATIC FUNCTIONS 23 (1) Continuous supervision shall be maintained throughout receiving, cleaning, processing, sterilizing, and storing. A combination of controls or indicators shall be used to determine THE the 4 effectiveness of the sterilization process. Bacteriological methods shall be used to evaluate the 5 effectiveness of sterilization, by at least monthly cultures with records maintained. 6 7 11.104 FACILITIES 8 (1) Patient Rooms 9 (a) There shall be provisions for private and multiple bedrooms to meet the needs of patients and 10 programs of the hospital. There shall be no more than four beds per patient bedroom. 11 There should be no more than approximately 40 patient beds in a patient care unit. 12 (b) Each one-bed room shall contain a minimum floor area of 100 square feet. Each multiple-bed 13 room shall contain a minimum floor area of 80 square feet per bed. This minimum floor 14 area, may include built-ins not exceeding four feet in height. 15 (c) Privacy shall be provided for each patient in a multiple-bed room by the installation of 16 approved cubicle curtains or partitions. 17 (d) Each patient bedroom shall have a minimum window area equal to 1/8 of the floor area. The 18 ground level shall be maintained at or below the window sill for a distance of at least 8 19 feet measured perpendicular to the window. Privacy for the patient and control of light 20 shall be provided at each window. 21 22 (2) Service Areas 23 24 (b) The patient care control center (nurses station) **-shall be adequately designed and 25 equipped. 26 (c) The medication preparation area shall be equipped with: 1) Cabinets with suitable locking 27 devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and 28 used exclusively for pharmaceutical storage; 3) Counter work space; 4) Sink with 29 approved handwashing facilities; 5) Antidote, incompatibility, and metri-apothecary 30 conversion charts. Only medications, equipment, and supplies for their preparation and 31 administration shall be stored in the medication preparation area. Test reagents, general 32 disinfectants, cleaning agents, and other similar products shall not be stored in the 33 medication area. 34 ** Other approved facilities for patient services may be substituted to meet the requirements specified in 19.13 through 19.18 35 (3) Linen and Laundry 36 (a) (Not required in hospitals of 25 beds or less if the CSR CLEAN SUPPLY ROOM is 37 conveniently located on the same floor). The clean supply holding room shall be 38 equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and 39 sanitary band drying facility; 2) Waste container with cover (foot controlled

recommended), and impervious, disposable liner; 3) Cupboards or carts for supplies. In

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2 3	Mechanical fresh air supply to maintain positive pressure; and 5) Nurse call utility station must also be provided.
4 5	(b) There shall be a separate closed area in the clean supply holding room, on a cart, or in a separate closet for clean linen supplies.
6 7 8 9 10 11 12 13 14 15 16 17	(c) (Not required in hospitals of 25 beds or less if there is a CSR CLEAN SUPPLY ROOM, and a soiled linen holding room or soiled linen chute conveniently located on the same floor). The soiled holding room *** shall be equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility. In the case of new hospital construction, or modification of an existing hospital facility the sink must be 2-compartment. 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space for short-time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and counter space; and, in the case of new hospital construction, or modification of an existing hospital facility,7) Nurse call utility station; 8) A clinical flushing sink; and 9) Continuous mechanical exhaust ventilation to the outside.
18 19 20 21 22	(4) The janitor's closet*** shall be equipped with: 1) Sink, preferably a floor receptor, with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been removed; 3) Shelving for cleaning materials; 4) Approved handwashing facilities, in the case of new hospital construction, or modification of an existing hospital facility, the handwashing facility must be separate if a floor receptor is used; 5) Waste receptacle with impervious liner.
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24	*** Other approved facilities for patient services may be substituted to meet the requirements specified in 19.13 through 19.18.
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26	18.104 FACILITIES
26 27 28 29	 18.104 FACILITIES (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following:
27 28	(1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites
27 28 29 30 31	 (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following: (a) A well-marked ENTRANCE entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian
27 28 29 30 31 32 33	 (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following: (a) A well-marked ENTRANCE entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian service. (b) A RECEPTION AND CONTROL AREA reception and control area with visual control of the
27 28 29 30 31 32 33 34 35	 (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following: (a) A well-marked ENTRANCE entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian service. (b) A RECEPTION AND CONTROL AREA reception and control area with visual control of the entrance, waiting room and treatment area. (Required for hospitals of 50 beds or more).* (c) COMMUNICATIONS Communications with appropriate nursing stations outside the
27 28 29 30 31 32 33 34 35 36	 (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following: (a) A well-marked ENTRANCE entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian service. (b) A RECEPTION AND CONTROL AREA reception and control area with visual control of the entrance, waiting room and treatment area. (Required for hospitals of 50 beds or more).* (c) COMMUNICATIONS Communications with appropriate nursing stations outside the emergency unit and connected to emergency power source. (d) PUBLIC WAITING SPACE Public waiting space with toilet facilities, telephone, drinking

1	(g) STORAGE FOR CLEAN SUPPLIES Storage for clean supplies.*
2	* Required only in case of new hospital construction, or modification of an existing hospital facility
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4	Part 19. OUTPATIENT SERVICES
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6	19.104 FACILITIES
7 8 9 10 11	(1) The following physically separated areas shall be provided: 1) An adequate waiting room, 2) public toilet facilities, 3) public phone, 4) drinking fountain, 5) patient preparation area with adjacent toilet room, handwashing and provision for storing patient's clothing, 6) patient preparation area for medication storage and preparation, 7) recovery room equipped as specified in Part 21, Surgical and Recovery Services.
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13	Part 20. PERINATAL SERVICES
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15	20.104 FACILITIES
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17	(2) Nursery
18 19 20 21	(a) The nursery should be located in the labor and delivery patient care unit as close to the mothers as possible and away from the line of traffic of others than maternity services. The nursery(ies) shall be separated physically and functionally from other hospital services.
22	(b) A minimum of twenty-four (24) square feet per infant shall be provided within the nursery.
23	(c) A control area shall be provided to serve as a work space and nursery entry for security.
24 25 26 27 28 29	(d) A fixed view window shall be provided between nursery(ies) and control area or between two nursery(ies). Fixed view windows between the nurseries and corridor shall be wire glass set in steel frames. In the case of new hospital construction or modification of an existing hospital facility, the view windows shall be 1/4 inch thick welded wire glass set in steel frames. Curtains or drapes when used in nurseries shall be laundered frequently and maintained flame-retardant.
30 31 32 33 34	(e) All electrical outlets must have a common ground. One electrical outlet shall be provided for every two bassinets. Some of the outlets shall be connected to an emergency source of power. In the case of new hospital construction or modification of an existing hospital facility, fifty (50) percent of the outlets shall be connected to an emergency source of power. The use of adapters, extension cords, and junction boxes should be discouraged.
35 36 37 38 39	(fe) The nursery(ies) shall be well lighted to permit optimal observation and for easy detection of jaundice or cyanosis. In the case of new hospital construction, or modification of an existing hospital facility, shadow-free illumination with at least 100 ft. candle intensity at the infants' level is required and is best provided by fluorescent lamps. A suggested fluorescent tube for illuminations is General Electric's fluorescent tubes F-40-CWX(deluxed).

1 2 3 4 5	cool white) or equal. Light fixtures should be provided with lenses to reduce glare. The number and exact location of fixtures cannot be recommended because ceiling height and windows influence the intensity of the illumination. Spot illumination can be provided by a portable lamp containing two 15 watt fluorescent bulbs which, when held 12" from the infant, will produce about 100 ft. candle intensity of light.
6 7	(gf) Wall surfaces shall be washable and non-glare. Acoustical ceiling tile is permissible if it is in the important in the i
8 9 10 11 12 13	(hg) A minimum ventilation rate of 12 room volumes of out-door OUTDOOR air per hour with no recirculation shall be provided by mechanical supply and exhaust air systems. Filters with a minimum efficiency of 90-99 percent in the retention of particles shall be provided. Positive air pressure relative to the air pressure of adjoining areas should be maintained. A temperature of 75-82° F. and a relative humidity of less than 50% is recommended. In the case of new hospital construction, or modification of an existing hospital facility, access openings in ducts for cleaning purposes shall be provided.
15 16 17	(ih) Nursery facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having communicable disease. Such nursery facilities shall have a minimum of 30 square feet of space for each bassinet or incubator.
18	(<mark>ji</mark>) The following shall be provided in each nursery:
19 20	(i) Lavatory with mixing faucet, knee, foot or automatically operated, soap and sanitary hand-drying accommodations.
21	(ii) Piped oxygen with outlets, one for every four bassinets.
22 23	(iii) In the case of new hospital construction, or modification of an existing hospital facility, a nurse call system shall be provided.
24	